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BRIEFING PAPER

# Africa's population crisis

## Formulating effective policies

*In the early post-independence era, efforts to slow the population growth rate were considered controversial in many parts of Africa. But as population pressures combined with a long, debilitating economic crisis to put severe strains on many countries' ability to provide for their growing populations, a significant rethinking got underway.*

*Many African leaders, health practitioners, finance ministries and non-governmental organizations began to place a higher priority on programmes and policies that addressed the problems posed by high population growth. The rate of population growth was no longer seen as simply being influenced by broader development trends, but also as a key factor that itself can influence a country's prospects for economic growth and the living standards of its people.*

*Mr. Salim Salim, the Secretary-General of the Organization of African Unity (OAU), has highlighted the severe problems posed by rapid population growth: the need to produce food for up to an additional 20 million people annually, to create jobs for them, to provide education for 200 million more students by the year 2000 and to greatly expand urban services. "These problems," said Mr. Salim in a 1990 speech, "leave Africa with no option but to pursue population policies which ensure a balance between population growth and socio-economic development. Indeed, the need to integrate the population variable in the formulation of national development policies and programmes has never been greater."*

*Africa's rate of population growth over the past decade has averaged some 3 per cent a year, the fastest growth rate in human history for any world region. And unlike*

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BY ADERANTI ADEPOJU

Africa's population growth and fertility rates are the highest in the world. Most analysts believe they are unlikely to decline substantially before the turn of the century.

The sharp upward curve in Africa's population growth rate has been strongly conditioned by economic and social factors, and in turn poses serious challenges to the continent's prospects for economic recovery and development. Limited resources and the diversity of demographic trends among individual countries affect the pace and kinds of population policies that are being formulated and implemented.

Because of a host of inter-related problems — scarce financing and limited administrative capacity, widespread poverty and illiteracy, poor health delivery systems, women's low social status, civil strife and political instability — few countries have been able to initiate significant efforts to curb high population growth rates. Despite such challenges, policy-makers in many more African countries now agree that much more needs to be done.

Before turning to an examination of the population policies that are being developed, it may be useful to first summarize the basic facts:

The population of Africa (excluding South Africa), estimated at 486 million in 1981, increased to more than 600 million by the end of the decade and is expected to exceed

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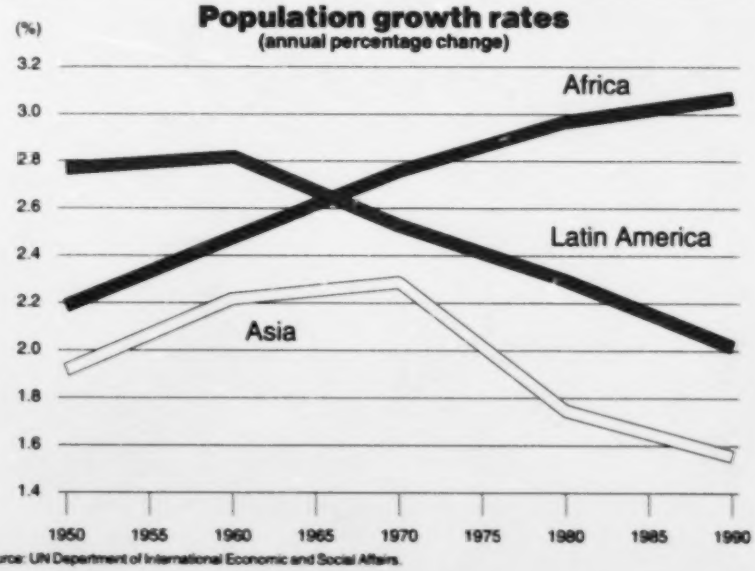



Source: UN Department of International Economic and Social Affairs.

# Africa's population structure

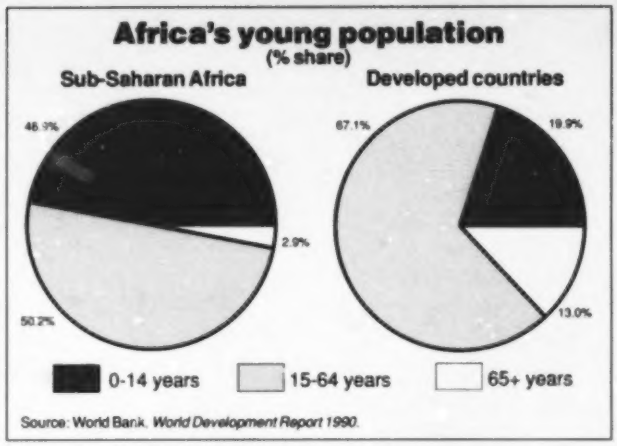
| Country | a<br>Population 1990 (millions) | b<br>Annual pop. growth rate 1985-90 (%) | c<br>Fertility rate (1985-90) | d<br>Infant mortality rate 1989 | e<br>Under-five mortality rate 1989 | f<br>Population in urban areas (%) 1990 | g<br>Life expectancy 1989 | h<br>People/ cultivated land ($km^2$) 1985 |
|---|---|---|---|---|---|---|---|---|
| • Angola | 10.02 | 2.7 | 6.4 | 173 | 292 | 28 | 45 | 297 |
| • Botswana | 1.30 | 3.7 | *5.0* | 64 | 87 | 28 | 59 | 79 |
| • Burundi | 5.47 | 2.9 | 6.8 | 116 | 196 | 6 | 48 | 422 |
| • Cape Verde | 0.37 | 2.6 | 5.6 | 42 | 58 | 29 | 66 | 825 |
| • Chad | 5.68 | 2.5 | 5.9 | 129 | 219 | 30 | 46 | 159 |
| • Congo | 2.27 | 3.2 | 6.3 | 71 | 112 | 40 | 53 | 264 |
| Djibouti | 0.41 | 2.7 | 6.6 | 119 | 167 | 81 | 47 | n.a. |
| Equatorial Guinea | 0.35 | 2.4 | 5.9 | 124 | 210 | 29 | 46 | 302 |
| Gabon | 1.17 | 3.5 | 5.0 | 100 | 167 | 46 | 52 | 340 |
| • Ghana | 15.03 | 3.1 | 6.4 | 87 | 143 | 33 | 54 | 1146 |
| • Guinea-Bissau | 0.96 | 2.0 | 5.8 | 148 | 250 | 20 | 42 | 307 |
| • Lesotho | 1.77 | 2.8 | 5.8 | 97 | 132 | 20 | 56 | 513 |
| Libya | 4.54 | 3.7 | 6.9 | 78 | 116 | 70 | 61 | 212 |
| • Malawi | 8.75 | 3.5 | 7.6 | 147 | 258 | 12 | 47 | 304 |
| • Mauritania | 2.02 | 2.7 | 6.5 | 124 | 217 | 47 | 46 | 929 |
| • Morocco | 25.06 | 2.6 | 4.8 | 78 | 116 | 48 | 61 | 281 |
| Namibia | 1.78 | 3.2 | 6.1 | 103 | 171 | 28 | 56 | n.a. |
| • Nigeria | 108.54 | 3.3 | 6.9 | 102 | 170 | 35 | 51 | 334 |
| Sao Tome & Principe | 0.12 | 2.4 | n.a. | n.a. | n.a. | 42 | n.a. | n.a. |
| Seychelles | 0.07 | 1.0 | n.a. | n.a. | n.a. | 59 | n.a. | n.a. |
| Somalia | 7.50 | 3.3 | 6.6 | 129 | 218 | 36 | 45 | 604 |
| • Swaziland | 0.79 | 3.4 | 6.5 | 115 | 173 | 33 | 56 | 369 |
| • Togo | 3.53 | 3.1 | 6.6 | 92 | 66 | 26 | 53 | 218 |
| • Uganda | 18.79 | 3.7 | 7.3 | 100 | 132 | 10 | 51 | 316 |
| • Zambia | 8.45 | 3.8 | 7.2 | 78 | 90 | 50 | 53 | 135 |
| Africa | 606.01 | 3.0 | *6.2 | *102 | *167 | 34 | 52 | 449 |

Sources: Columns a, b, c, f, and g, Population Division, DIESA, United Nations except for *italics* where data refers to 1988; Columns d and e, UNICEF. *State of the World's Children*, 1991; Column h, UN Economic Commission for Africa, *Demographic Handbook for Africa*, 1988. *median

• Government approved family planning programmes, 1988, UNFPA.

800 million by the year 2000. The current rapid rate of population growth, some 3 per cent annually, stems from a combination of a high crude birth rate (of 46 per thousand population annually) with declining though still relatively high crude death rates (averaging 15 per thousand a year).

Even if this rapid growth rate can be reduced, the continent's population, because of the built-in momentum of a youthful age structure, will not only double within a generation, but also remain young. In 1989, about 45 per cent of Africa's population was under the age of 15, while only 3 per cent was 65 years or over. Continued high, and in some cases rising, fertility and gradually declining mortality will reinforce this young age structure, and thus increase the numbers of dependents who must be provided for.




***Diversity, but common problems***

Spread over about a quarter of the world's land area and inhabited by about 12 per cent of its population, Africa is a continent of considerable diversity in the size and spatial distribution of population. African countries are also remarkably varied in their levels of resource endowment, colonial experiences, political systems, patterns of development, levels of urbanization and growth rates of both total and urban populations.

Africa's map shows countries with small land areas and populations — Equatorial Guinea, Gambia, Swaziland — juxtaposed with geographic and demographic giants, such as Egypt, Nigeria and Sudan. While nearly a quarter of African countries have a population of around 1 million or less, Egypt and Nigeria, between them, account for nearly 150 million people, about one-quarter of the continent's total population.

Some large countries like Botswana, Libya and Namibia are sparsely populated, as are a number of smaller countries, such as Gabon and Somalia. Others, such as Burundi, Rwanda and Mauritius, have relatively high population densities.

This diversity in part reflects wide variations in climate, soil quality and terrain. The broad contrasts between the cash-crop economies of coastal countries and the predominantly subsistence economies of the savannah hinterland are reflected in the distribution of main cities. As well, varying economic experiences, combined with differing colonial legacies, have shaped and continue to influence patterns of migration, which in turn affect the spatial distribution of Africa's population.

Such diversity means that generalizations on population trends in Africa have to be qualified. For example, high population growth rates in West and East Africa contrast sharply with lower rates in Central Africa. Intra-country differences in growth rates are similarly very extensive.

Despite the variations between countries and regions, some key general points can be made:

- The average infant mortality rate in Africa of about 114 deaths per 1000 live births (as opposed to the median average given on page 2) is 10 times the average in Western Europe and North America and twice as high as the prevailing rate in Latin America. Infant and childhood mortality constitutes about half of all deaths in Africa. Indeed, only some 75 per cent of the children born in Angola, Ethiopia, Guinea, Malawi, Mali, Mozambique and Sierra Leone survive to age 5.
- Africa has the world's lowest life expectancy, averaging about 49 years for males and 52 years for females for children born in the period 1985-90, compared with 62 and 66 years respectively in Latin America and 69 years (male) and 77 years (female) in North America. On average, an African child born in the first half of the 1980s could expect to live 14 years less than his or her counterpart in Latin America, 18 years less than a child born in East Asia and 25 years less than a North American born during the same period.
- As well as the highest birth and death rates in the world, Africa also has the highest fertility rate. On average, African women will give birth to six or more children; their counterparts in Latin America will have four, in Asia three and in developed countries only two.
- Maternal mortality rates in Africa range from 110 to 1,000 or more deaths per 100,000 live births. Prevailing rates in developed countries are between 7 and 15 per 100,000 births. Estimates for Benin (1,680), Ghana (1,070), Nigeria (1,500) and Somalia (1,100) for the period 1980-87 show that thousands of pregnant women die needlessly in Africa.
- The acquired immune deficiency syndrome (AIDS) epidemic, with its potentially very high death toll in Africa, may have an impact on population trends in the worst affected countries (Uganda, Tanzania, Burundi, Rwanda, Côte d'Ivoire and several others). Since it is believed that a major course for HIV transmission in Africa is through heterosexual practices, efforts to combat the spread of this devastating disease are increasingly focussing on sex education in the schools and promotion of the use of condoms among the broader population.
- Compared with other major world regions, Africa has one of

## Migration and urbanization

Africa is a continent of considerable migration. Indeed, spatial mobility, resulting from political, economic, religious and security pressures, as well as demographic factors, has been a fundamental aspect of African history and society. It has had profound effects on other demographic trends.

Colonial rule, with its artificial boundaries, divided many societies and peoples into separate states. This altered both the causes and nature of population movements, institutionalized certain existing patterns and stimulated new waves of migration. In particular, the strategies pursued by various colonial governments tended to strongly concentrate economic and social programmes in the towns, mainly the capital cities, greatly affecting the direction of migration toward the urban centres.

In the post-colonial era, frequent political instability, combined with a rapidly deteriorating economic situation, fuelled additional waves of migrants, especially of undocumented workers and refugees. Repeated civil strife has generated a high number of refugees in many parts of the continent. And in the last 20 years mounting ecological deterioration has added to the large number of itinerant peoples, particularly in regions such as the Sahel.

High rural-to-urban migration has intensified urban unemployment and the emergence of large slum areas and squatter settlements with their overcrowding, poor sanitation, and increasing pressure on already inadequate health resources. Such migration distorts population and labour-force distribution patterns, and affects rural development. Since many of the most active in the rural labour force leave the land for the cities, it has contributed to low agricultural output and food production. Concerns about such shifts in population distribution led some governments to launch programmes or projects designed to re-direct or moderate rural-to-urban migration flows. These include so-called integrated rural development schemes and their variants: Ujamaa villagization (Tanzania), Intensive Development Zones (Zambia), Rural Development Areas (Swaziland), Regional Development Programmes (Zaire), Special Development Programme (Kenya), Farm Settlements (Nigeria), Agricultural Development Units (Ethiopia).

The redistributive impact of agricultural settlement schemes has been minimal, however, and has affected only a small proportion of the *target* population. In most cases, political motives often conflict with economic and demographic objectives. The disappointing experiences of Tanzania, Zaire, Kenya, Zambia, Senegal, Mozambique and other countries in attempting to redirect the migration of youths away from the towns through persuasive propaganda, residence and work permits, licences, incentives, and even coercive measures, shows that any serious effort should focus not only on the migrants. It should also include comprehensive development programmes in the areas where greater settlement is desired.

the lowest proportions of population living in urban areas, an estimated 34 per cent in 1990, though it ranges from 16 per cent in East Africa to as high as 47 per cent in southern Africa. Nevertheless, since the second half of this century, the level of urbanization in Africa has increased consistently. The rate of growth of Africa's urban population, 5 per cent a year during the 1960s and increasing to 7 per cent in 1980-85, is by far the highest among the world's regions.

The rapid growth of African cities results from a combination of high natural increase and accelerated migration toward urban centres. In 1950, only 15 per cent, or about 32 million, of Africa's population lived in urban areas. By 1980 this percentage had nearly doubled and about 133 million lived in towns. By the end of this century there may be as many as 350 million urban dwellers, about 42 per cent of the total population. Even then, Africa will still be one of the least urbanized of the world's regions.

In spite of this high urban growth rate, Africa's rural population has been increasing steadily at close to 2 per cent a year, second only to that of South Asia.

### *Population and economic development*

These demographic characteristics interact with Africa's continuing economic problems. Any programme to tackle population issues must take this into consideration. Two broad points of view have dominated the debate on the inter-relationship between population growth and economic development.

One school of thought holds strongly that fertility rates — the key to slowing the rapid expansion of population — will normally decline only in response to enhanced living conditions, higher incomes, female education and modernization. That is, poverty has to be eradicated before a family-planning culture, in the modern sense, can take firm root.

***Donor agencies and NGOs helping with technical and financial assistance should better understand — and be sympathetic to — the peculiar African situation and respect Africans' rights to determine their individual approaches to their specific population problems.***

The other view holds that family planning can be effectively introduced irrespective of the level of development; what is needed is an adequate supply of the right methods, backed by intensive awareness and motivational campaigns.

Available evidence from Africa suggests that at least a minimum threshold of development is required. Only a handful of countries have been able to pursue significant family planning efforts, as illustrated by the moderate success in

Botswana and Zimbabwe, or where signs of improvement are slowly emerging, as in Kenya (see box on page 8). In the majority of African countries, however, poverty and economic crises have added greatly to the difficulties of slowing population growth rates. Unemployment, underemployment, inequality and poor living standards afflict much of the continent. Most African countries face balance-of-payment deficits, stagnating per capita incomes and high rates of inflation. This situation has been aggravated by abnormal food shortages and unfavourable crop conditions, especially in the Sahel region, and central and eastern Africa.

Political instability, burgeoning labour forces, malnutrition, mass illiteracy, low life expectancy and famines are evidence of a region in severe crisis. Few Africans today can afford three regular meals. To compound all this, the structural adjustment programmes adopted to restore economic equilibrium have had a serious impact in such crucial areas as health, employment and education. It is in the context of this difficult reality that African population policies must be designed and implemented.

## I. From Awareness to Action

Tackling Africa's many demographic problems crucially depends upon the perception of its governments. High population growth, greatly increasing numbers of young people, high infant, child and maternal mortality, unemployment and underemployment, increasing rural-to-urban migration and the rapid growth of major cities are to varying degrees acknowledged in recent African development plans.

In the UN's *Population Inquiry Among Governments* series, migration and population distribution consistently emerged as the priority concerns of African governments. In the 1987 *Inquiry*, 77 per cent of responding African governments said they were not entirely satisfied with the patterns of their countries' population distribution, fuelled largely by migration.

A year earlier, in a 1986 survey, 30 countries, accounting for 77 per cent of the region's population, perceived their fertility rates as too high, though 17 countries indicated satisfaction with their prevailing rates. Over 20 countries expressing dissatisfaction had policies in place to try and reduce fertility rates. There were wide regional differences in these perceptions. Two-thirds of the countries in eastern Africa, all of those in southern Africa and 44 per cent of West African countries considered their population growth rates as too high. However, only two of the nine countries in central Africa — Cameroon and Central African Republic — did so, while Congo, Equatorial Guinea and Gabon had policies to increase fertility rates perceived to be too low.

The countries that view population growth rates as too high include some of the largest — Egypt, Ethiopia, Kenya, Nigeria and Tanzania. Nigeria, with about one-sixth of Africa's population, has recently shifted from a "leave-alone" attitude to an activist approach, with specific targets for reducing its population growth rate.

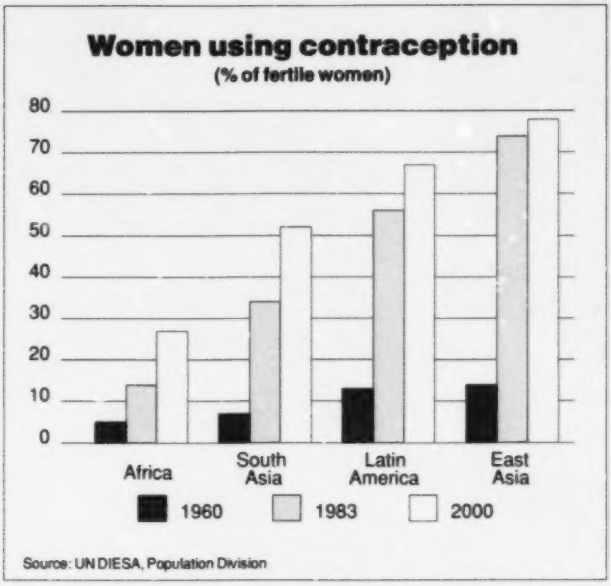
Such evolution in government perceptions is only the first step in the complex problem of implementing effective population policies. As will become obvious below, few countries have actually adopted and implemented concrete measures designed to alter population trends they now consider undesirable. This can be shown, in particular, for policies on fertility, the main determinant of population growth.

### *Policies and programmes*

Programmes of child and maternal health, immunization and breast feeding have been pursued and supported by governments. To the extent these programmes succeed in lowering mortality rates, the focus of population policies should shift to reducing fertility rates. But this immediately touches on fundamental parental rights to determine freely the number and spacing of their children.

The process of formulating population policies in Africa tends to evolve through several stages: from *unawareness* to *awareness*, *comprehension*, *conviction*, *preference*, *action* and *evaluation*. Before the major UN conference on population issues held in Bucharest in 1974, only a few African countries were aware of the seriousness of their population situation and its consequences for socio-economic development. Only five African countries had explicit population policies — Egypt, Ghana, Kenya, Mauritius and Tunisia — while a few others supported family planning initiatives for non-demographic reasons such as the health and welfare of mothers and children and as a human right.

Indeed, before the first round of the African census programme (1965-1974), few countries had reliable popula-




tion data on which to formulate population policies. Of the 22 countries that participated in this programme, 15 had never had a complete census of their population before.

A clearer picture of the broad features of Africa's demographic structure gradually unfolded through the efforts of a number of agencies, especially the UN Population Fund (UNFPA), to improve data collection, training of nationals in demography and the implementation of the second round of the African census programme.

The round of censuses and specialized surveys during the 1970s enabled several countries to build up the capacity to collect their own data for planning and policy formulation. At the same time, centres for training in population studies have been established or strengthened to train the demographers and other social scientists who are in great demand in the planning ministries, statistical offices, and other departments.

Yet even when planners and policy-makers became more aware of the implications of the prevailing demographic trends for socio-economic development, few governments actually *comprehended* the significance of the problem; they were not ready to take appropriate action. African countries were initially visibly pro-natalist and insisted that population growth did not constitute an obstacle to development. Agricultural land was considered abundant and most of Africa was perceived as being underpopulated.

Intensive information, education and communication efforts helped spur a shift in government thinking to the stage of *conviction*. This is a crucial stage, as political leaders who are expected to take decisive steps to address the undesirable population trends have to be convinced of the need for action; they also need to be presented with options for attaining the desired goals.

Even when rapid population growth was perceived as a problem, the *preference* in the region was for development — education, employment opportunities, higher income, industrialization — to act as a vehicle for moderating the rate of population growth. At the Bucharest conference, Africa's near-unanimous position was that "development is the best contraceptive"; family planning was not accepted as a viable strategy. Nevertheless, in the 10 years between Bucharest and the second major UN conference on population in Mexico in 1984, a wind of change had blown across the region. A series of major awareness creation programmes sought to bring into sharp focus the inter-relationship between population issues and development processes for political leaders, policy-makers and key opinion-leaders.

During the Second African Population Conference in Arusha in January 1984 (the first was in Accra in 1971), 44 African countries met, discussed and reached consensus on a population programme for Africa, known as the Kilimanjaro Programme of Action for African Population and Self-Reliant Development. There was consensus that population is a major development issue. The conference recommendations touched on a broad range of issues, including population and development; fertility and family planning; morbidity and mortality; urbanization and migration; women's role in development; children and youth; population data collection, analysis, training and research; population information; community involvement; and international co-operation. These were subsequently fed into the Mexico conference.

The country-level preparations for the Mexico conference, together with other high-level conferences and seminars, demonstrated an intensified interest in population issues. Statements by national leaders and the endorsement of the Kilimanjaro programme by the OAU summit in 1985 confirmed that political support for action on population issues was fast gaining firm root in the region.

In this context, the UN world conference on women, held in Nairobi in July 1985, was an important milestone in the articulation of population policies. It provided a forum to review progress in enhancing the role and status of women, identify the obstacles preventing the full realization of the goals of the decade and map out appropriate strategies for the future. The "Nairobi Forward-Looking Strategies for the Advancement of Women" was one significant outcome of the meeting, affirming, among other points, that women have a "basic right to control their own fertility."

### *Greater priority in African programmes*

Population policies have subsequently featured in major programmes of economic reform and transformation in the region. Africa's Priority Programme for Economic Recovery 1986-1990, building upon the 1980 Lagos Plan of Action for the economic development of Africa, enjoined all African countries to take into account population issues in the formulation and implementation of concrete policies and program-

mes. Its recommendations included the formulation of national population policies; programmes to reduce the high levels of infant, childhood and maternal mortality and morbidity, particularly in rural areas; the establishment of National Population Commissions and an OAU Population Commission; policies to promote population redistribution and resettlement, where appropriate; and population education and information programmes.

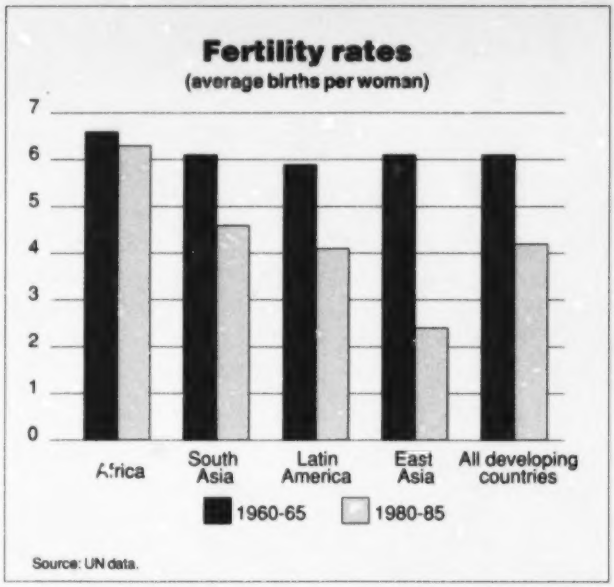
The UN Programme of Action for African Economic Recovery and Development (UNPAAERD), 1986-1990, likewise recommended the formulation of appropriate population policies and full and effective participation of the people, especially women and youth, in development.

Leaders from Algeria, Egypt, Kenya, Morocco, Nigeria, Tunisia and Zimbabwe have all recently given political support for population policies. Others have been less forthright, but in recent years political leaders in Central African Republic, Gabon, Somalia and Sudan have reoriented their pro-natalist stance, introducing maternal and child health programmes and endorsing family planning — sometimes labelling it child-spacing — as an essential part of these programmes.

Perhaps the clearest example of such a shift is Nigeria. Up until the early 1980s, population growth was not considered a matter of great concern: it was believed that Nigeria's large arable land area and abundant natural resources could be exploited to achieve a higher standard of living for the population. A dramatic reversal followed the accession to power, in August 1985, of the government of General Ibrahim Babangida. In an astonishing development for observers of the Nigerian demographic scene, a Nigerian head of state, who is also a Muslim, for the first time openly and strongly supported family planning as an official policy. State governors echoed the message nationwide. By 1986 a population policy was in place. This rapid evolution in policy demonstrates how a combination of factors — political and economic — can drastically change perceptions on the need for action.

***To the extent there is success in lowering mortality rates, the focus of population policies should shift to reducing fertility rates. But this immediately touches on fundamental parental rights to determine freely the number and spacing of their children.***

In Rwanda, it is widely believed that the government's strong commitment to population policy stems in part from political urgency: the need to assure adequate food production and to address demographic pressures, in particular high fertility, in one of Africa's most densely populated countries. Rwanda's National Council for Population (ONAPO) had strong political support, and the Council ultimately formulated a policy even when there was no explicit mandate for it to do so.




The success stories in family planning in Zimbabwe and Botswana also owe much to the political leadership's strong commitment (see box, page 8).

Commitment at the top, however, is not sufficient by itself, as the record of some of the countries with a long history of population programmes — Egypt, Ghana, Kenya, Tunisia — suggests. Kenya's population growth remained high despite the priority given to this issue by President Daniel arap Moi, who stated at a public rally in 1984 that he was "tired of being pointed to at international conferences as the leader of the fastest breeding nation." By 1989, however, Kenya's commitment began to pay off, with a recorded decline in the fertility rate to 6.7, from 7.7 in the earlier part of the decade.

### *New institutional arrangements*

The shift in the perception of leaders in many cases has followed the build-up of demographic infrastructure and active awareness-creation programmes. Two major institutional arrangements — National Population Commissions and Population Planning Units — have served as focal points for the formulation and implementation of policies, as well as the integration of population issues into the broader development planning process.

**National Population Commissions** - These have been set up in several countries, including Cameroon, Egypt, Kenya, Liberia, Morocco, Nigeria, Sierra Leone and Tunisia. They are political bodies with responsibility for formulating population policy and overseeing its implementation.

**Population Planning Units** - PPUs are in place in 16 or more

countries — Sierra Leone was one of the first to establish one — and are normally located in the Ministry of Planning. Their establishment is a significant step in the process of formulating, implementing and evaluating population policies and in examining the actual and potential effects of socio-economic policies on demographic processes. PPUs are expected to:

- collate, synthesize and make available existing demographic information in an understandable manner to policy-makers on the Population Commission;
- advise policy-makers on how to use the available information for population policy formulation;
- contribute to the draft population policy proposals;
- assist in monitoring and evaluating the policy.

## II. Constraints and Prospects

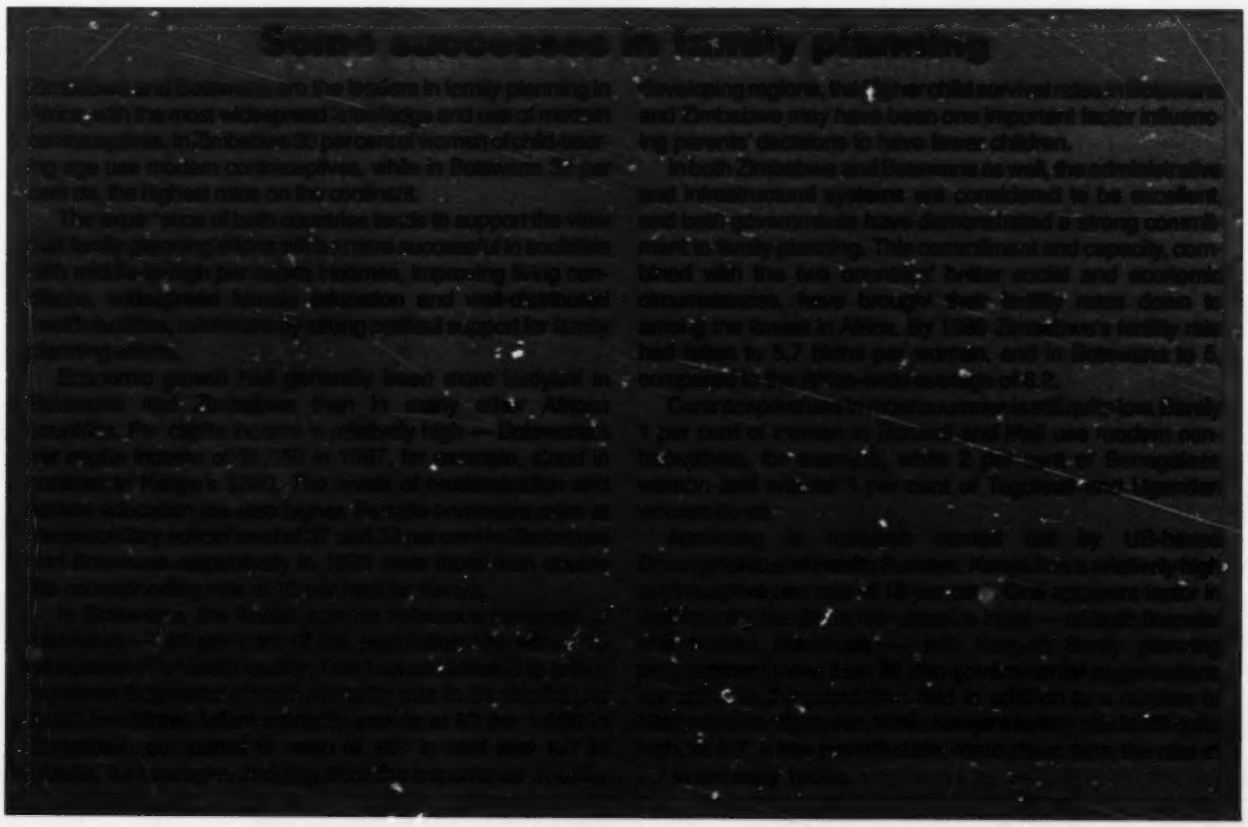
Despite the advances that have been made, the implementation of population programmes in Africa still faces several constraints and challenges which must be taken into account when setting out the priority areas for future action.

***Socio-cultural and religious factors***

Cultural and religious constraints to the successful implementation of family planning programmes are pervasive. The demand for family planning services in Africa is weak. Creating demand for services involves fundamental changes in both cultural norms and values with respect to family size. In Arab society, for example, population issues remain sensitive, with all the proposed remedies for population problems viewed as controversial. Countries that are dominantly Muslim or Catholic often have strong opposition to family planning. However, the situation is changing following a series of sensitization seminars and workshops for key religious leaders.

The structure of traditional African families and the cultural attitudes to large family size are deep-rooted. In this context, abrupt change cannot be expected. To the average African, marriage is a social convention only justified by a large number of children. Indeed, traditional society confers prestige on the male head according to the number of wives and children, especially boys, that he has. Polygamy is widely practiced in several societies, with wives of the same husband constantly competing for the number of children, especially boys, they are capable of producing. Asking women in such situations to practice family planning is tantamount to asking them to forfeit a major source of self-esteem.

The perceived value of a large number of children also has a strong economic basis. In a context of widespread poverty and low agricultural productivity, children provide



an important source of labour in the fields and of security in the parents' old age.

### *Role and status of women*

The role of women in Africa is intimately linked to their reproductive performance: traditionally a woman is expected to marry early, procreate and rear children. Girls are socialized early in their lives into the key roles of mother, housekeeper, etc. Eighty per cent of all African women live in the rural areas, under conditions that support and sustain high fertility and where the expected — and actual — economic contribution of children is substantial.

Children are regarded as strong bonds among the husband, wife and other members of the extended family. It is not, therefore, an unusual scene in rural areas to find a woman with "a child by the hand, a baby on her back and another in her belly." This tendency is fostered by early and near-universal marriage, low educational levels and occupations which do not conflict with child-rearing or where the social network cushions some of the strains and stresses of child-rearing.

African women with limited access to effective, modern contraception spend approximately 30 years of their reproductive years literally bearing children. About 18 per cent of girls between 15 and 19 years old give birth each year, with adverse effects on their health, education and employment, as well as the health of their children. Maternal mortality is high, due in large part precisely to such very early childbearing, as well as to repeated and closely spaced births and the incidence of pregnancies among older women.

And yet the lack of access to accurate information about family planning, combined with the opposition of the male partner, poses formidable barriers to the widespread use of family planning services in parts of the region. In Kenya, for instance, 93 per cent of women in the rural areas are not aware of such service, nor have they met any of the family planning motivators. So far, local women's organizations have not been effectively used to deliver information and services on family planning and birth spacing. This source should be used optimally since the formal channels do not adequately reach rural women.

Changes in the status of women, vital for any meaningful population programme, are occurring only slowly. Many women now hold responsible political and professional positions in, for instance, Kenya, Zambia, Zimbabwe and Nigeria. A dozen or so countries have recently created ministries to specifically address women's issues, including Mauritius, Zimbabwe, Tunisia, Central African Republic, Botswana and Malawi. Tunisia has provided one example of bold action toward sexual equality by abolishing polygamy in law and establishing a minimum marriage age at 17 years for girls. In general, however, the needs of women to attain specific goals, such as education and out-of-home employment, are not always addressed in a coherent and systematic way.

Survey results show that many women in Africa still desire more children than they are actually having, even when fertility is already very high. Contraceptive use rates are exceedingly low among women in Africa (both because of low demand and general unavailability). The number of adolescent pregnancies and illegal abortions has reached alarming proportions. All these point to the fact that, in the years ahead, the critical issue lies in strategies to stimulate or *create* and *sustain* demand for family planning among women in general and especially among those at risk.

***Africa's reality is one of diversity, in culture, ethnicity, religion, politics and economy. This heterogeneous situation demands a bottom-up approach to the design and implementation of population policies.***

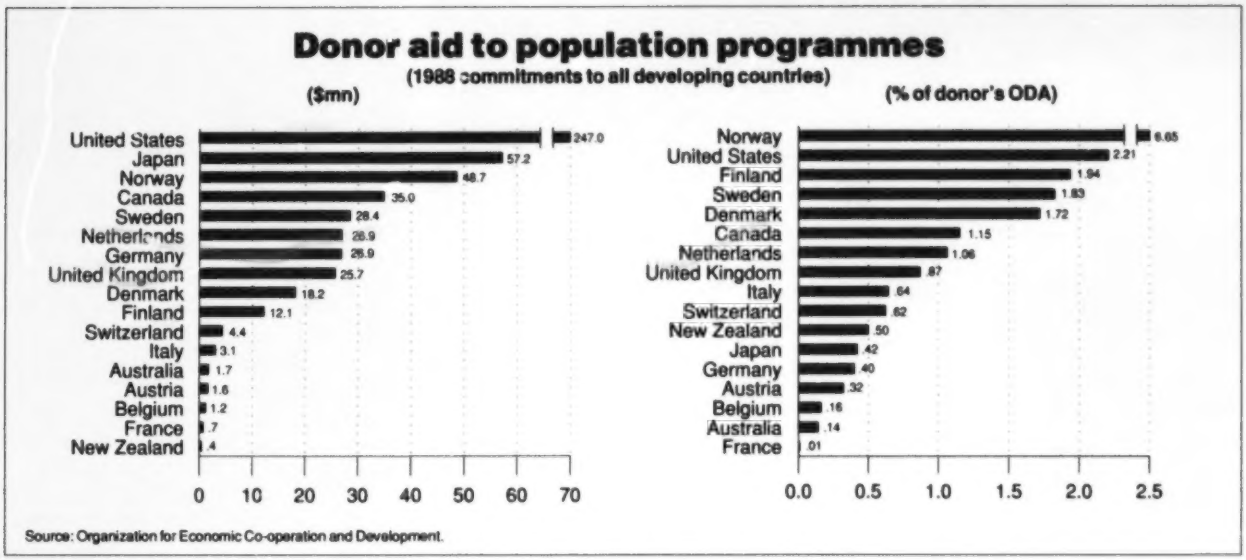
The crucial importance of the family, kin group and men in influencing demographic trends, especially fertility, calls for intensive efforts targeted at women *and* men, especially in the rural areas. The central message in any programme must be firmly rooted in the reality of every-day African life. It can be delivered through music, folk drama, etc. Results of anthropological-cultural surveys could inform the most appropriate approaches in the different cultural settings.

The sensitivity of this issue helps explain the consensus on emphasizing child spacing as a means to improve maternal health and family welfare, rather than aggressively pushing systematic and organized family planning *per se*. Programme efforts should reflect these concerns, views and needs.

### *Need for good mechanisms*

Traditionally, population issues have not been integrated in the development plans of African countries, being treated as an outside factor by economists who dominate the planning machinery. The situation is changing, though population issues are still rarely integrated into all relevant sectors like employment, education, housing, agriculture, health, etc. However, general recognition of the need for integration has led to the setting up of special units to handle population issues. Ideally, these units, staffed by core professionals — demographers, economists, sociologists, urban planners — should be visibly located in the Ministry of Planning, preferably in its central planning unit. This would ensure that population variables are effectively integrated into the planning process and lead to a more multi-sectoral view than is the case when they are part of any other agency (such as the Central Statistical Office in Zimbabwe).

Although the situation varies from country to country and from one administration to another, Population Planning Units




in Africa rarely enjoy a good measure of visibility, stability, authority and status. Staff turnover is high, career prospects are unsure and government support and commitment are erratic. The priority assigned by government to population issues, and hence the professional prestige and political influence of the unit's key staff, can affect greatly the way in which the unit performs its duties and relates to other sectoral ministries' population programmes.

The formulation of relevant population programmes and their successful implementation and "institutionalization" depend largely on efficient national administrative and management infrastructure and capabilities. Such infrastructure is weak in Africa and the existing means have been stretched to the limit. Expertise to manage, supervise and co-ordinate population programmes is inadequate and is a major bottleneck to programme implementation, hence the need to train and motivate professionals and top-level administrators. Where family planning programmes have been launched, the few available medical personnel have had to perform multiple functions — as physicians, trainers, administrators and supervisors, with little if any management training.

### *Community participation*

Africa's reality is one of diversity, in culture, ethnicity, religion, politics and economy. This heterogenous situation demands a bottom-up approach to the conceptualization, design and implementation of population policies which takes into account the roles and resources of all actors — household, community, bureaucracy, etc.

Throughout Africa, population is still generally regarded as a sensitive issue. Hence information, education and communication activities have to be intensified at the local level. All too often, attention has been confined to policy-makers, bureaucrats and, recently, parliamentarians, elite women's groups, religious leaders, etc. These are the readily accessible, usually urban-based, organized groups, whose contact with and influence on the majority of rural-dwellers tends to be peripheral and ineffective.

To effectively reach the widely-dispersed rural population is difficult and poses a formidable challenge. Services made available primarily to motivated and easily reached groups need to be extended to those with the highest rates of fertility: in the urban slums and especially the rural areas where most Africans live. The broadening of such a community approach and the involvement of lay health workers, backed by appropriate follow-up and supervision, could be the most appropriate outreach network in rural areas, given the scarce and dwindling health resources in a number of African countries. Traditional healers and birth attendants usually are the only available "health" personnel in rural areas and are easily approachable and respected by the local community. Grass-roots organizations — co-operative, craft and guild associations, youth movements, thrift societies, women's associations, as well as traditional village leaders — should be used to promote family planning activities among a wider client group.

## III. Implications for International Assistance

The growing concern about population in Africa and the recognition of the need for policy changes provide an improved environment for increased assistance. Countries need additional resources, both trained personnel and adequate funds, to translate newly articulated population policies into concrete programmes. The current economic crisis has considerably weakened the ability of most African countries to effectively mobilize local resources for this task.

The greater accent on population policy in Africa requires sustained support by donor agencies, NGOs, researchers and

others concerned with population activities and assistance in the region — in a way that recognizes African governments' responsibilities for formulating and implementing their own policies. The setting-up of population programmes is a complex activity which includes establishing clear policy objectives, goals, strategies and implementation mechanisms; building appropriate administrative structures; providing for the collection of adequate information; and, importantly, ensuring adequate delivery of services. All these require material and financial inputs — skilled staff, facilities, equipment and supplies — often beyond the capabilities of many African countries.

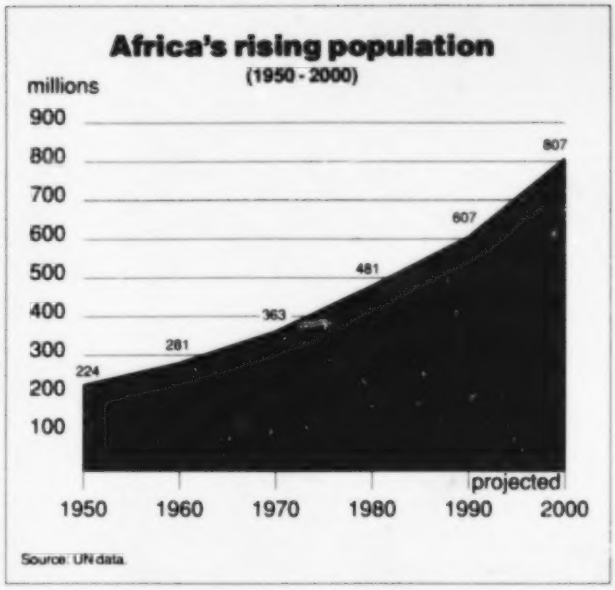
The low priority placed on data collection by donor agencies should be reviewed in the face of the realities and needs of the region. The use of demographic data as a tool in awareness-creation — perhaps one of the key tasks — has in several countries been eclipsed by the need to use such data in efforts to integrate population into the development process. As more African governments set up their population programmes and attempt to integrate population concerns into the development process, research activities should be geared also to investigating the effects of targeted population programmes on development *and* ideally the effects of development activities on population.

Specialists still have to be trained in all facets of census-taking — planning, cartography, data collection, processing, analysis and publication. Efforts should be made to institutionalize such capabilities, especially those required to undertake specific surveys in areas related to population and development — all too necessary for formulating and monitoring population policies and programmes.

Governments should in all cases provide appropriate institutional support for specific donor-assisted programmes and allocate qualified counterpart staff, as a measure of their commitment to the programmes. In fact, these should be prerequisites for funding of programmes. More important, the posts of these staff should be firmly established in the overall

staff structure of the organization with guarantee of adequate tenure, appropriate incentives and career prospects.

There needs to be increased collaboration and consultation between donors and relevant government officials. Where perceptions of population problems remain low and hence governments tend to play a relatively minor role, donor agencies need to do more toward co-ordinating their activities.




Today, several multilateral and bilateral population donor agencies work in Africa. The capacity of most African countries to manage external assistance on population remains weak. Governments that have several such agencies operating in their countries — Kenya, Zimbabwe, Nigeria — should set up central co-ordinating units with adequate trained staff to plan, design, manage and evaluate population programme sectors, oversee the population assistance process and ensure that the country makes effective use of such assistance. Co-ordination of the activities and interests of donor agencies and national authorities would harmonize population programmes and priorities of the recipient countries, rather than reflect those of the donor agencies. This process, in turn, would be facilitated by increased co-ordination by donors and executing and funding agencies. This would minimize inter-agency rivalries within countries, as well as the number of negotiations with individual — and usually over-burdened — ministries.

Donors, for their part, must take on board the views consistently expressed by African governments that their concern with current demographic trends encompasses a variety of issues: the problems of population growth and high fertility; high mortality, especially among infants; over-rapid urbanization; population maldistribution; and teenage pregnancies. Indeed, since African governments have expressed concern over infant and child mortality as areas of priority, measures to reduce mortality — with its indirect and direct effects on fertility reduction — should also be seen as a clear priority by donor agencies, rather than programmes solely concerned with averting births.

While responding to requests for increased international assistance to population activities, the feeling is strongly held among Africans that donor agencies and NGOs helping with technical and financial assistance should better understand — and be sympathetic to — the peculiar African situation and respect Africans' rights to determine their individual approaches to their specific population problems. Only in this way can the success of the programmes be assured and a harmonious relationship be sustained between recipients and donors to the mutual benefit of all. ■

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